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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Box Reissue
Washington, DC 20231

Attorney Docket No.	153501-0375
First Named Inventor	Dennis H. Weissert
Original Patent Number	5,915,841
Original Patent Issue Date (Month/Day/Year)	June 29, 1999
Express Mail Label No.	EL088714715US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
 (Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

1. Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?

Yes No

(If Yes, check applicable box(es))

Written Consent of all Assignees (PTO/SB/53)
 37 C.F.R. § 3.73(b) Statement Power of Attorney
 (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

7. Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8. Original U.S. Patent for surrender
 Ribboned Original Patent Grant
 Statement of Loss (PTO/SB/55)
9. Foreign Priority Claim (35 U.S.C. 119) (if applicable)
10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
11. English Translation of Reissue Oath/Declaration (if applicable)
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other: **.Request for Abstract of Title**

15. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label  or Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name	IRELL & MANELLA LLP				
Address	1800 Avenue of the Stars Suite 900				
City	Los Angeles	State	CA	Zip Code	90067-4276
Country	U.S.A.	Telephone	310-277-1010	Fax	310-203-7199

NAME (Print/Type)	Paul Backofen	Registration No. (Attorney/Agent)	42,248
Signature		Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
153501-0375

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 18	Total Claims (37 CFR 1.16(j))	(B) 18	**** 0 =	x \$ 0 =		or	x \$ _____ =
(C) 3	Independent claims (37 CFR 1.16(l))	(D) 3	* 0 =	x \$ 0 =			x \$ _____ =
							\$ _____
Basic Fee (37 CFR 1.16(h))				\$ 355			
Total Filing Fee				\$ 355		OR	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(l))	***	MINUS	*****	=	x \$ _____ =			
Total Additional Fee							OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. 09-0946 in the amount of _____.
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 09-0946.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 355 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**June 29, 2001

Date



Signature of Applicant/Attorney or Agent of Record

Paul Backofen, Reg. No. 42,248

Typed or printed name